

Four-Tier Plan

2011 CIGNA Prescription Drug List

Choosing the medication that is right for you should be up to you and your doctor. We offer an extensive list of brand name and generic medications.

Choosing where to fill your medication should be easy too. The City of Houston pharmacy network is comprised of HEB, CVS, Target and CIGNA Home Delivery Pharmacy. You will have convenient access to your medications – whether you pick them up, or have them delivered to your home.

Enclosed you will find a list of medications covered by your plan, in an easy-to-read format. You will find:

1. Medications split into categories (Generic, Preferred Brand, Non-Preferred Brand and Specialty Injectable Medications)
2. Health conditions and medications listed in alphabetical order
3. Symbols to let you know if there are any requirements for coverage



Your Four-Tier Prescription Drug Plan

A four-tier prescription drug plan splits medications into four categories or tiers:

1st Tier – Generic Medications have the same active ingredients, safety, dosage, quality and strength as their brand-name counterparts. You will typically pay less for generic medications under a four-tier plan.

2nd Tier – Preferred-Brand Medications will typically cost you more than generic, but may cost you less than a non-preferred brand on a four-tier plan.

3rd Tier – Non-Preferred Brand Medications generally have generic alternatives and/or one or more preferred brand options within the same drug class. You will typically pay more for non-preferred medications on a four-tier plan.

4th Tier – Specialty Injectable Medications are typically covered under the fourth tier include, but are not limited to, injectables used to treat arthritis, multiple sclerosis, hepatitis C, and asthma. A list of Specialty Injectable medications is on page 16-17.

Note: Specialty Injectable medications used to treat conditions like diabetes, migraine headaches, anaphylactic reactions, vitamin deficiencies, and blood clotting disorders are typically covered under the first three tiers of coverage (generic, preferred or non-preferred brand medications).

Preventive Prescription Drug Option

Preventive medications are prescribed to prevent the occurrence of a disease or condition with risk factors such as: high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack and stroke, or to prevent the recurrence of the disease or condition for individuals who have recovered. Preventive medications do not include drugs used to treat an existing illness, injury or condition.

For some pharmacy plans that require you to pay a certain amount before the plan coverage begins, preventive medications may be covered before you reach that amount. To be sure, you should read your enrollment information to see how preventive medications are covered specific to your plan. Also, a list of all covered preventive medications is available on **www.CIGNA.com**. Preventive medications are identified by a “PM” symbol within the drug list search.

Understanding the CIGNA Prescription Drug List

Every medication available on CIGNA’s prescription drug list has been approved by the U.S. Food and Drug Administration (FDA). This list represents the most commonly prescribed medications.

If you do not see a specific medication on this list, please check www.CIGNA.com. Go to the “Resources for Members” page, and click “Drug Lists” for the most up-to-date list of medications.

Refer to your enrollment information to find out which specific medications are covered under your plan.

The symbols on the list mean...

If your medication has one of the following symbols, your doctor may have to get an authorization for coverage of that medication.

PA: Prior Authorization may be required for different reasons. To learn the requirements needed for coverage of a specific medication, feel free to give us a call.

QL: Quantity Limit means you may have coverage for a limited amount of a specific medication.

AGE: Age Requirement means an individual must be within a specific age group for a specific medication to be covered.

ST: Step Therapy is a prior authorization program that requires you to try other medications available to treat the same condition before the “ST” medication is covered.

myCIGNA.com – a tool to help you manage your prescription benefits:

When you go to the Pharmacy page of **myCIGNA.com**, you can:

- Look up your specific pharmacy coverage;
- Research thousands of available medications;
- Find the actual amounts you will pay for specific medications;
- Compare medication prices using the Prescription Drug Price Quote Tool;
- Ask a pharmacist questions;
- Download forms; and more.

Medications Delivered to Your Home

CIGNA Home Delivery Pharmacy is designed for individuals who take prescription medications on a regular basis (including Specialty Medications).

The benefits of CIGNA Home Delivery Pharmacy include:

- Up to a 90-day supply of your medications
- Delivery of medications to your home at no additional charge
- Licensed pharmacists available to help 24/7
- CoachRx: a free tool that is available if you use CIGNA Home Delivery Pharmacy, and can help with reminders, coupons and information about your prescriptions. Visit **www.CIGNA.com/coachrx** to learn more.

To get an order form, you can go to the Pharmacy page on **myCIGNA.com** or call **1.800.835.3784**, we are here to help.

To order a specialty medication, visit **www.CIGNA.com** and click “Resources for Members.” You will see the “Specialty Pharmacy” page where the specialty medication order form is located. You can also call 1.800.351.3606 to talk with someone directly.

Health Care Reform and You

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform”, was signed into law on March 23, 2010. This important legislation will result in changes to every American’s health coverage. Some of the changes are taking effect in 2010 and most of the law’s effects will be felt by 2014.

CIGNA will comply with all provisions of the law including those that impact your pharmacy coverage plan. For example, depending upon the final government regulations, coverage for medications that have not traditionally been included in pharmacy plans, such as specific over-the-counter (OTC) medications, may be made available at no cost share to you. As with all covered medications, we would require a prescription from your doctor to process the claim under your pharmacy plan (including OTC medications).

To get the most current information visit **www.informedonreform.com** or **CIGNA.com** and look for the “Informed on Reform” link.

If You Have Questions

Feel free to call us at the toll-free number on the back of your CIGNA ID Card. We’re here to help.

| Generics | Preferred Brands | Non-Preferred Brands |
|---|--|--|
| ADD/ADHD | | |
| amphetamine/ dextroamphetamine methamphetamine methylphenidate | Adderall XR Concerta Focalin XR Ritalin LA Strattera Vyvanse | Adderall Amphetamine/ Dextroamphetamine Extended-Release (ST) Daytrana Desoxyn Intuniv Metadate CD Metadate ER |
| AIDS/HIV | | |
| didanosine stavudine zidovudine | Agenerase Aptivus Combivir Crixivan Emtriva Epivir Epzicom Invirase Isentress Kaletra Lexiva Norvir Prezista Rescriptor Reyataz Selzentry Sustiva Trizivir Truvada Viracept Viramune Viread Ziagen | Atripla Intelence Retrovir Videx Zerit |
| ALLERGY | | |
| clemastine cyproheptadine fexofenadine flunisolide fluticasone hydroxyzine | Astelin Astepro Nasonex Singulair Veramyst | Allegra (all forms) Beconase AQ Clarinet (all forms) Flonase Nasacort AQ Nasarel Omnares Patanase Rhinocort AQ Semprex-D Xyzal |
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| Generics | Preferred Brands | Non-Preferred Brands |
|---|--|---|
| Alzheimer's Disease | | |
| galantamine | Aricept Aricept ODT Namenda | Cognex Exelon Razadyne Razadyne ER |
| Asthma | | |
| albuterol cromolyn ipratropium solution metaproterenol | Accolate Advair, Advair HFA Asmanex Atrovent HFA Azmacort Combivent Flovent, Flovent HFA Maxair ProAir HFA Proventil HFA Pulmicort Qvar Serevent Singulair Symbicort Ventolin HFA | Alvesco Foradil Xopenex HFA |
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| GENERIC | PREFERRED BRAND | NON-PREFERRED BRAND |
|---|--|---|
| BIRTH CONTROL* | | |
| Apri Aviane Balziva Camila Errin Jolessa Junel FE Kariva Levora Necon Nortrel Ocella Ogestrel Quasense Solia Sprintec Trinessa Tri-Sprintec Zovia | Loestrin 24 FE Lybrel Nuvaring Ortho Evra Ortho Tri-Cyclen LO Ovcon 50 Ovrette Plan B Plan B One-Step Seasonique Yaz | Angeliq Desogen Estrostep FE Levlen Loestrin Loestrin FE Lo/Ovral-28 Loseasonique Nordette Ortho-Cept Ortho-Novum 7-7-7 Ovcon 35 Seasonale Trilevlen Tri-Norinyl Triphasil |
| * Please check your enrollment materials to determine whether these medications are covered under your specific plan. | | |
| BLADDER PROBLEMS | | |
| oxybutynin | Detrol Detrol LA Elmiron Oxytrol Toviaz VESIcare | Ditropan, Ditropan XL Enablex Gelnique Sanctura, Sanctura XR |
| CANCER | | |
| anastrozole bicalutamide tamoxifen citrate | Femara Gleevec (PA) Nexavar (PA) Revlimid (PA) Sprycel (PA) Sutent (PA) Tarceva (PA) Temodar Xeloda Zolinza (PA) | Afinitor (PA)* Arimidex Aromasin Casodex Fareston Iressa (PA) Soltamox Tasigna (PA) Tykerb (PA) Votrient (PA) |
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| GENERICS | PREFERRED BRANDS | NON-PREFERRED BRANDS |
|---------------------------------------|-----------------------|------------------------|
| CARDIOVASCULAR | | |
| HIGH BLOOD PRESSURE/HEART MEDICATIONS | | |
| amlodipine | Altace (caps)(PA, ST) | Accupril (PA, ST) |
| atenolol | Bystolic | Accuretic (PA, ST) |
| benazepril | Coreg CR | Aceon (PA, ST) |
| benazepril/amlodipine | Diovan (PA, ST) | Altace (Tabs)(PA, ST) |
| benazepril/HCTZ | Diovan HCT (PA, ST) | Atacand (PA, ST) |
| bisoprolol/HCTZ | Exforge | Avalide (PA, ST) |
| captopril | Exforge HCT | Avapro (PA, ST) |
| carvedilol | Innopran XL | Azor |
| digoxin | Lanoxin | Benicar (PA, ST) |
| diltiazem | Lotrel | Benicar HCT (PA, ST) |
| diltiazem CD | Minizide | Betapace AF |
| disopyramide | Multaq | Capoten (PA, ST) |
| doxazosin | Procanbid | Cardene SR |
| enalapril | Tekturna (PA, ST) | Cardura |
| enalapril/HCTZ | Tekturna HCT (PA, ST) | Cardura XL |
| felodipine | Tikosyn | Catapres, Catapres TTS |
| fosinopril | | Coreg |
| hydralazine/HCTZ | | Corgard |
| isosorbide dinitrate | | Covera-HS |
| isosorbide mononitrate | | Cozaar (PA, ST) |
| labetalol | | Dynacirc CR |
| lisinopril | | Hyzaar (PA, ST) |
| losartan | | Inderal LA |
| losartan/HCTZ | | Levatol |
| methyldopa/HCTZ | | Lotensin (PA, ST) |
| metoprolol | | Lotensin HCT (PA, ST) |
| nadolol | | Mavik (PA, ST) |
| nifedipine | | Micardis (PA, ST) |
| nisoldipine | | Micardis HCT (PA, ST) |
| (sustained-release) | | Monopril (PA, ST) |
| prazosin | | Monopril HCT (PA, ST) |
| procainamide | | Norpace |
| propranolol | | Norpace CR |
| quinapril | | Norvasc |
| quinapril/HCTZ | | Prinivil (PA, ST) |
| quinidine | | Prinzide (PA, ST) |
| ramipril (cap only) | | Ranexa (PA) |
| sotalol | | Sular |
| terazosin | | Tarka |
| timolol | | Teveten (PA, ST) |
| trandolapril | | Teveten HCT (PA, ST) |
| verapamil | | Toprol XL |
| verapamil SR | | Uniretic (PA, ST) |
| | | Univasc (PA, ST) |
| | | Valturna |
| | | Vaseretic (PA, ST) |
| | | Vasotec (PA, ST) |
| | | Verelan |
| | | Zestoretic (PA, ST) |
| | | Zestril (PA, ST) |
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| Generics | Preferred Brands | Non-Preferred Brands |
|--|--|--|
| Cardiovascular | | |
| Blood Thinner/Anti-Clotting | | |
| heparin (QL) ticlopidine warfarin | Aggrenox Arixtra (QL) Fragmin (QL) Innohep (QL) Lovenox (QL) Plavix | Agrylin (PA) Effient Pletal |
| Cholesterol Lowering | | |
| cholestyramine powder fenofibrate gemfibrozil lovastatin pravastatin simvastatin | Caduet Lescol Lescol XL Lipitor Lovaza Niaspan Simcor Trilipix Vytorin Welchol Zetia | Advicor Altoprev (PA, ST) Crestor (PA, ST) Fenoglide Lofibra Mevacor (PA, ST) TriCor Pravachol (PA, ST) Zocor (PA, ST) |
| Depression | | |
| amitriptyline bupropion bupropion SR citalopram desipramine fluoxetine fluvoxamine mirtazapine nortriptyline paroxetine paroxetine CR protriptyline sertraline trazodone venlafaxine | Cymbalta Lexapro Paxil CR Pristiq Wellbutrin XL | Aplenzin Celexa Effexor XR Emsam Luvox CR Marplan Prozac Remeron Tofranil-PM Vivactil Zoloft |
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| GENERIC | PREFERRED BRAND | NON-PREFERRED BRAND |
|---|---|--|
| DIABETES | | |
| acarbose acetohexamide chlorpropamide glimepiride glipizide glipizide/metformin glucagon (QL) glyburide glyburide/metformin glyburide micronized metformin tolazamide tolbutamide | ACCU-CHEK test strips Actoplus met Actos Apidra Apidra SoloStar Avandamet Avandaryl Avandia BD insulin syringe Byetta Duetact Fortamet Glucagen Hypokit Humalog Humulin Janumet Januvia Lantus Lantus SoloStar Levemir NovoFine needles Novolin Novolog One Touch test strips Onglyza Prandimet Prandin Symlin/SymlinPen | Amaryl Glucophage XR Glycron Glyset Metaglip Precose Starlix |
| EYE CONDITIONS | | |
| ciprofloxacin diclofenac dorzolamide dorzolamide/timolol levobunolol pilocarpine pilocarpine/epinephrine timolol tobramycin/ dexamethasone | Acular LS Alomide Alphagan P Azopt Betimol Betoptic S Ciloxan (ointment) Iopidine Lotemax Pataday Patanol Restasis Tobradex (ointment) Travatan Z Vexol Vigamox Xalatan | Alamast Alocril Alrex Besivance (ST) Ciloxan (drops) Cosopt Durezol Emadine Iquix Timoptic Tobradex (drops) Trusopt Voltaren |
| 11 | | |

| GENERIC | PREFERRED BRANDS | NON-PREFERRED BRANDS |
|--|------------------------------|--|
| HEARTBURN/ULCER | | |
| cimetidine famotidine lansoprazole metoclopramide misoprostol nizatidine omeprazole omeprazole/sodium bicarbonate pantoprazole ranitidine sucralfate | Dexilant (PA, ST) Prevpac | Aciphex (PA, ST) Helidac Nexium (PA, ST) Prevacid (PA, ST) Prilosec (PA, ST) Protonix (PA, ST) Zantac Effertab Zantac Syrup Zegerid (PA, ST) |

| | | |
|---|--|--|
| HORMONE REPLACEMENT | | |
| estradiol estropipate levothroid levothyroxine levoxyl liothyronine medroxyprogesterone thyroid Unithroid | Alora Anadrol-50 Androderm Androgel Armour Thyroid Cytomel Enjuvia Estraderm Menest Premarin Premphase Prempo Prometrium Synthroid Testim Vivelle-Dot | Activella Cenestin Combipatch Femhrt Femring Prefest Vagifem |
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| Generics | Preferred Brands | Non-Preferred Brands |
|--|---|---|
| Infections | | |
| acyclovir amantadine amoxicillin amoxicillin/clavulanate azithromycin (QL) cefaclor ER cefadroxil cefprozil cefuroxime cephalexin ciprofloxacin clarithromycin clindamycin doxycycline erythromycin fluconazole (QL: 150 mg only) griseofulvin metronidazole minocycline nitrofurantoin nystatin ofloxacin penicillin v potassium rimantadine SMX/TMP tetracycline | Baraclude Ciprodex Cipro HC Otic Epivir HBV Gris-Peg Hepsera Levaquin Mycostatin (Tab) Primsol Tobi Tamiflu (QL) Valtrex Vfend (PA) | Augmentin Augmentin ES-600 Augmentin XR Avelox Biaxin Biaxin XL Cedax Cefzil Cipro XR Copegus Famvir Flagyl ER Floxin Otic Keflex Keftab Lamisil (PA, QL) Monurol Moxatag Noxafil Omnicef Penlac (PA) Relenza (QL) Solodyn Sporanox (PA, QL) Suprax Tyzeka Zithromax (QL) Zyvox (PA) |
| Migraine | | |
| acetaminophen/ caffeine/butalbital sumatriptan (QL) | Maxalt Maxalt MLT Treximet (QL) | Amerge (QL) Axert (QL) DHE 45 (QL) Frova (QL) Imitrex (QL) Migranal (QL) Relpax (QL) Zomig/Zomig ZMT (QL) |
| Nausea and Vomiting | | |
| dronabinol granisetron (tab, solu) (QL) ondansetron (QL) prochlorperazine promethazine trimethobenzamide | Emend (QL) | Anzemet (tab)(QL) Marinol Scopace Zofran (tab, solu)(QL) |
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| Generics | Preferred Brands | Non-Preferred Brands |
|---|---|--|
| Osteoporosis | | |
| alendronate calcitonin-salmon Fortical | Boniva Evista Forteo Miacalcin | Actonel Fosamax Fosamax Plus D Skelid |
| Pain Relief & Inflammatory Disease | | |
| butorphanol nasal (QL) diclofenac etodolac fentanyl (QL) fentanyl citrate (lollipop)(PA) ibuprofen indomethacin ketorolac (PA, QL) leflunamide (PA) meloxicam morphine SR nabumetone naproxen oxaprozin piroxicam tramadol | Avinza Celebrex (PA, ST) Indocin (suppository) Kadian Lidoderm MSIR OxyContin (QL) Savella Skelaxin | Actiq (PA) Arava (PA) Arthrotec Duragesic (QL) Fentora (PA) Mobic Naprelan Nucynta (ST) Ryzolt Talwin compound Vicoprofen Voltaren Voltaren XR Zydone |
| Parkinson's Disease | | |
| amantadine bromocriptine carbidopa/levodopa carbidopa/levodopa SA ropinirole selegiline | Azilect Mirapex Requip Requip XL | Comtan Eldepryl Tasmar Zelapar |
| 14 | | |

| Generics | Preferred Brands | Non-Preferred Brands |
|--|---|---|
| Prostate | | |
| doxazosin finasteride prazosin terazosin | Avodart Flomax | Proscar (AGE) Rapaflo Uroxatral |
| Schizophrenia | | |
| clozapine haloperidol loxapine risperidone thiothixene | Seroquel Seroquel XR Zyprexa | Abilify Abilify Discmelt Geodon Invega Moban Risperdal |
| Seizure | | |
| carbamazepine clonazepam divalproex gabapentin levetiracetam topiramate valproate | Diastat Diastat Acudial Dilantin Gabitril Keppra Lamictal (all forms) Lyrica | Banzel Carbatrol Depakote (all forms) Keppra XR Neurontin Stavzor Tegretol XR Topamax Trileptal Vimpat Zonegran |
| Skin Conditions | | |
| alclometasone betamethasone calcipotriene clobetasol desonide desoximetasone diflorasone fluocinolone fluocinonide hydrocortisone imiquimod isotretinoin (QL) metronidazole sotret (QL) sulfacetamide tretinoin (AGE) | Aldara Benzaclin BenzamycinPak Carac Cloderm Condylox Derma-Smoothe Differin (AGE) Dovonex (cream) Duac CS Exelderm Kenalog spray Locoid (Lotion) Locoid Lipocream Loprox shampoo Metrogel Noritate Oracea Retin-A Micro (AGE) Soriatane CK Tazorac | Aclovate Aphthasol Atralin (AGE) Cutivate Desowen Epiduo (AGE) Klaron Locoid (cream/oint/ solution) Luxiq Metro lotion Nucort Ovace Plus Panretin (PA) Regranex (PA) Taclonex Ultravate Vectical Xolegel Xolegel Corepak Ziana Zyclara |
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| GENERIC | PREFERRED BRANDS | NON-PREFERRED BRANDS |
|---|---|--|
| MISCELLANEOUS | | |
| allopurinol amylase/lipase/protease azathioprine balsalazide cabergoline (QL) calcitriol desmopressin folic acid leucovorin methotrexate mycophenolate naltrexone (QL) tizanidine zaleplon | Ambien CR Asacol Asacol HD Canasa Cellcept Colazal Dipentum Epipen (QL) Epipen Jr. (QL) Fosrenol Lialda Megace ES Pentasa Prefera-OB Pulmozyme (PA) Renvela Revatio (PA) Spiriva Synarel (PA, QL) Thalomid Trexall Tussionex Viagra (PA) Zemplar | Adrenaclick Ambien Apriso Arava (PA) Coartem (QL) Edluar (ST) Lariam (PA, QL) Malarone (PA) Nimotop Nuvigil Orap Phoslo Priftin Provigil Sonata Sucraid |
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SPECIALTY MEDICATIONS

The following injectable drugs are typically covered under the Fourth Tier and require prior authorization for coverage.

| DRUG NAME | CONDITION TREATED |
|------------------------|-------------------------------|
| Actimmune | chronic granulomatous disease |
| Anzemet | nausea & vomiting |
| Apokyn | Parkinson's disease |
| Aranesp | anemia |
| Arcalyst | Inflammatory disorder |
| Avonex | multiple sclerosis |
| Betaseron | multiple sclerosis |
| Ceftriaxone | infection |
| Cimzia | Crohn's disease |
| Copaxone | multiple sclerosis |
| Delatestryl | hormone deficiency |
| Depo-Testosterone | hormone deficiency |
| Emend | nausea & vomiting |
| Enbrel | arthritis |
| Epogen | anemia |
| Extavia | multiple sclerosis |
| Firmagon | prostate cancer |
| Fuzeon | HIV infection |
| Garamycin | infection |
| Genotropin | growth hormone deficiency |
| Gold Sodium Thiomalate | arthritis |
| Granisetron | nausea & vomiting |
| Humatrope | growth hormone deficiency |
| Humira | arthritis |
| Increlex | growth failure |
| Infergen | hepatitis C |
| Intron A | hepatitis C |
| Ketorolac Tromethamine | pain & inflammation |
| Kineret | arthritis |
| Kytril | nausea & vomiting |
| Leukine | low blood cell count |
| Leuprolide Acetate | cancer |
| Lupron, Lupron Depot | cancer |
| Myochrysine | arthritis |

Continued on page 18

SPECIALTY MEDICATIONS (CONTINUED)

The following drugs are typically covered under the Fourth Tier and require prior authorization for coverage.

| DRUG NAME | CONDITION TREATED |
|-----------------------|-------------------------------------|
| Nebcin | infection |
| Neulasta | low blood cell count |
| Neumega | low platelet count |
| Neupogen | anemia |
| Norditropin | growth hormone deficiency |
| Norditropin Nordiflex | growth hormone deficiency |
| Nutropin | growth hormone deficiency |
| Nutropin AQ | growth hormone deficiency |
| Octreotide Acetate | severe diarrhea |
| Omnitrope | growth hormone deficiency |
| Ondansetron | nausea & vomiting |
| Pegasys | hepatitis C |
| Peg Intron | hepatitis C |
| Peg Intron Redipen | hepatitis C |
| Procrit | anemia |
| Proleukin | cancer |
| Rebif | multiple sclerosis |
| Relistor (kit & vial) | opioid-induced constipation |
| Remicade | rheumatoid arthritis, colon disease |
| Rocephin | infection |
| Saizen | growth hormone deficiency |
| Sandostatin | severe diarrhea |
| Serostim | growth hormone deficiency |
| Simponi | arthritis |
| Somatulin Depot | acromegaly |
| Somavert | acromegaly |
| Testosterone | hormone deficiency |
| Tev-Tropin | growth hormone deficiency |
| Tobramycin Sulfate | infection |
| Toradol IM | pain & inflammation |
| Toradol IV/IM | pain & inflammation |
| Xolair | asthma |
| Zofran | nausea & vomiting |
| Zoladex | cancer |
| Zorbtive | growth hormone deficiency |

EXCLUSIONS & LIMITATIONS

Plans typically do not provide coverage for the following, except as required by law or by the terms of your specific plan:

1. Any medications available over the counter that do not require a prescription by Federal or State Law, and any medication that is a pharmaceutical alternative to an over the counter medication other than insulin.
2. Medications that are therapeutically equivalent as determined by the CIGNA HealthCare Pharmacy and Therapeutics Committee in which at least one of the medications within the class is available over the counter.
3. Any injectable infertility medications, and any injectable medications that require Health Care Professional supervision and are not typically considered self-administered medications. The following are examples of Health Care Professional supervised medications: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables, and endocrine and metabolic agents.
4. Any medications that are experimental or investigational, within the meaning set forth in the summary plan description.
5. Food and Drug Administration (FDA) approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information or The American Hospital Formulary Service Drug Information) or in medical literature. "Medical literature" means scientific studies published in peer-reviewed national professional medical journals.
6. Any prescription and non-prescription supplies (such as ostomy supplies), devices, and appliances.
7. Any contraceptive medications and prescription appliances for contraception.
8. Implantable contraceptive products.
9. Any fertility medication.
10. Any medications used for treatment of sexual dysfunction, including but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido.
11. Any prescription vitamins (other than prenatal vitamins), dietary supplements and fluoride products.
12. Medications used for cosmetic purposes, such as medications used to reduce wrinkles, medications to promote hair growth, medications used to control perspiration and fade cream products.
13. Any diet pills or appetite suppressants (anorectics).
14. Prescription smoking cessation products.
15. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
16. Replacement of prescription medications and related supplies due to loss or theft.
17. Medications used to enhance athletic performance.
18. Medications which are to be taken by or administered to a Customer while the Customer is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
19. Prescriptions more than one year from the original date of issue.

CIGNA reserves the right to make changes to this Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. CIGNA does not take responsibility for any medication decisions made by the prescriber or pharmacist. CIGNA may receive payments from manufacturers of certain Preferred Brand medications, and in limited instances, certain Non-Preferred Brand medications, which may or may not be shared with your plan depending on its arrangement with CIGNA. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan, and other factors as of the date of service, the Preferred Brand medication may or may not represent the lowest cost brand medication within its class for you and/or your plan.

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